

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00088088 | <b>2 Total pages filed:</b><br><br>5                                                                                                                                                  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                                              | MS / MRS / MR FIRST MI<br>The Honorable John D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/14/2026                                                                                              |
|                                                                                                     | NICKNAME LAST SUFFIX<br>Winkelman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                                                                                                                       |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">           REDACTED PER 254.0313, GOV'T CODE         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             | Date Hand-delivered or Date Postmarked                                                                                                                                                |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | Receipt # Amount                                                                                                                                                                      |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | Date Processed                                                                                                                                                                        |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | Date Imaged                                                                                                                                                                           |
| <b>5 CAMPAIGN TREASURER NAME</b>                                                                    | MS / MRS / MR FIRST MI<br>Mr. Aaron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                                                                                                                                                       |
|                                                                                                     | NICKNAME LAST SUFFIX<br>Kleinschmidt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                                                       |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">           REDACTED PER 254.0313, GOV'T CODE         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                                                                                                                                       |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                       |
| <b>7 CAMPAIGN TREASURER PHONE</b>                                                                   | AREA CODE PHONE NUMBER EXTENSION<br>(979) 300-8231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                       |
| <b>8 REPORT TYPE</b>                                                                                | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded modified reporting limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH-FR)</div> </div> |                                                             |                                                                                                                                                                                       |
| <b>9 PERIOD COVERED</b>                                                                             | Month Day Year      Month Day Year<br>07/01/2025      THROUGH      12/31/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                                                                                                                       |
| <b>10 ELECTION</b>                                                                                  | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                       |
| <b>11 OFFICE</b>                                                                                    | OFFICE HELD (if any)<br>District Judge (Multi-county) District 335 Bastrop, Burleson...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | <b>12 OFFICE SOUGHT (if known)</b>                                                                                                                                                    |

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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|                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>13 C / OH NAME</b> Winkelmann, John D. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088088 |
|-----------------------------------------------------------|-----------------------------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |         |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                                                                                                                   |         |
|                                                                                               | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                         | <b>COMMITTEE NAME</b>                                                                                                             |         |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE ADDRESS</b>                                                                                                          |         |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>                                                                                          |         |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>                                                                                       |         |
| <b>16 CONTRIBUTION TOTALS</b>                                                                 | 1.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
|                                                                                               | 2.                                                                                                                                                                                                                                                                                                                                                                                             | <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ 0.00 |
| <b>EXPENDITURE TOTALS</b>                                                                     | 3.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ 0.00 |
|                                                                                               | 4.                                                                                                                                                                                                                                                                                                                                                                                             | <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                               | \$ 0.00 |
| <b>CONTRIBUTION BALANCE</b>                                                                   | 5.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ 0.00 |
| <b>OUTSTANDING LOAN TOTALS</b>                                                                | 6.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$ 0.00 |

|                                                                                                                                                                                          |                                                     |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| <b>17 AFFIDAVIT</b>                                                                                                                                                                      |                                                     |                                              |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. |                                                     |                                              |
| The Honorable John D. Winkelmann<br>_____<br>Signature of Candidate or Officeholder                                                                                                      |                                                     |                                              |
| AFFIX NOTARY STAMP / SEAL ABOVE                                                                                                                                                          |                                                     |                                              |
| Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.                                        |                                                     |                                              |
| _____<br>Signature of officer administering oath                                                                                                                                         | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |

**SUBTOTALS - JC/OH****FORM JC/OH  
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|                                                             |                                                                                                             |                                                           |      |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------|
| <b>18 FILER NAME</b><br>Winkelmann, John D. (The Honorable) |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088088 |      |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE            |                                                                                                             | SUBTOTAL AMOUNT                                           |      |
| 1.                                                          | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$                                                        | 0.00 |
| 2.                                                          | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                                                        | 0.00 |
| 3.                                                          | <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                         | \$                                                        | 0.00 |
| 4.                                                          | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)                                         | \$                                                        | 0.00 |
| 5.                                                          | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                                                        | 0.00 |
| 6.                                                          | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$                                                        | 0.00 |
| 7.                                                          | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$                                                        | 0.00 |
| 8.                                                          | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$                                                        | 0.00 |
| 9.                                                          | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                                                        | 0.00 |
| 10.                                                         | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                                                        |      |
| 11.                                                         | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                                                        |      |
| 12.                                                         | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                                        |      |

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):  
Sch: 1/1 Rpt: 4/5

2 FILER NAME

Winkelman, John D. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00088088

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

# LOANS (JUDICIAL)

## SCHEDULE E(J)

|                                                                                |                                                                                |                                                                                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |                                                                                | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 5/5                                                               |
| <b>2</b> FILER NAME<br>Winkelmann, John D. (The Honorable)                     |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088088                                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                             |                                                                                | <b>\$</b> 0.00                                                                                                         |
| <b>5</b> Date of loan                                                          | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)                                                                                              |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate                                                                                                |
|                                                                                |                                                                                | <b>11</b> Maturity Date                                                                                                |
| <b>12</b> Lender's Principal Occupation                                        |                                                                                | <b>13</b> Lender's Job Title                                                                                           |
| <b>14</b> Lender's Employer/Law Firm                                           |                                                                                | <b>15</b> Law Firm of lender's spouse (if any)                                                                         |
| <b>16</b> If lender is child, law firm of parent(s) (if any)                   |                                                                                |                                                                                                                        |
| <b>17</b> Description of Collateral<br><input type="checkbox"/> None           |                                                                                | <b>18</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>20</b> Name of guarantor                                                    |                                                                                                                        |
|                                                                                | <b>21</b> Guarantor address; City; State; Zip Code                             |                                                                                                                        |
| <b>22</b> Amount Guaranteed (\$)                                               |                                                                                |                                                                                                                        |
| <b>23</b> Guarantor's Principal Occupation                                     |                                                                                | <b>24</b> Guarantor's Job Title                                                                                        |
| <b>25</b> Guarantor's Employer/Law Firm                                        |                                                                                | <b>26</b> Law Firm of guarantor's spouse (if any)                                                                      |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                |                                                                                |                                                                                                                        |
|                                                                                |                                                                                |                                                                                                                        |